

OCT 22 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Madison

Township

City Maryville

Registration District No. 636

Primary Registration District No. 3031

(No. St. Francis Hospital)

File No. 34911

Registered No. 99

St.

Ward

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

Length of residence in city or town where death occurred

yrs.

mos.

/

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Sept 15, 1937

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

0

0

0

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

full term fortune

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Maryville Mo.

FATHER

13. NAME

Elmer Thomas Lining

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

near Guinman Mo.

MOTHER

15. MAIDEN NAME

Jane Alorda Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

near Winters Mo.

17. INFORMANT (ADDRESS)

Mrs. Lottie P. Davis

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Guinman Mo.

DATE

Sept 17, 1937

19. UNDERTAKER (ADDRESS)

Campbell Funeral Home

Maryville Mo.

20. FILED

Sept 17, 1937

Mamie E. Clardy

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Sept 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from

on Sept 15, 1937

Death is said

to have occurred on the date stated above, at 5:40 a.m.

The principal cause of death and related causes of importance were as follows:

Asphyxiation, from death of mother in labor

Date of onset

Other contributory causes of importance:

Name of operation perforation Caesarian

Date of

What test confirmed diagnosis? none Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Chas. D. Humbert, M. D.

(Address)

Barnard Mo.

